MAXIMUS Federal Services

Case Number:	CM15-0139377		
Date Assigned:	07/29/2015	Date of Injury:	10/10/2014
Decision Date:	08/31/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/17/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is 47 year old male who sustained an industrial injury on 10/10/14. Initial complaints include left elbow and wrist pain. Initial diagnoses are not available. Treatments to date include electric muscle stimulation, hot pack cryotherapy, left wrist brace, medications, and chiropractic treatment. Diagnostic studies include MRIs of the left elbow on 04/29/15 which showed were lateral epicondylitis and left wrist on 05/13/15 which showed no significant findings. Current complaints include left upper extremity pain. Current diagnoses include lateral epicondylitis, neuralgia, repetitive stress injury, myofascial pain, and extensor tendons of the hand and wrist. In a progress note dated 06/03/15 the treating provider reports the plan of care as a TENS unit for home use, acupuncture, Parafin bath, and medications including Gabapentin, naproxen, omeprazole, and LidoPro cream. The requested treatment include a TENS unit for home use.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TENS unit for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page (s): 114-115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. TENS is only recommended for neuropathic or Complex Regional Pain Syndrome (CRPS) pain. Patient has a diagnosis of cervical radicular pain from EMG/NCV. There is no documentation of failures of multiple conservative treatment modalities. Guidelines recommend use only with Functional Restoration program which is not documented. There is no documentation of short or long term goal of TENS unit. There is no documentation of an appropriate 1month trial of TENS. Patient has been using TENS in unknown fashion with not a single bit of detail noted. The provider only documents vague "improvement" with use. This is not a valid home trial of TENS. Patient fails multiple criteria for TENS purchase. TENS is not medically necessary.